

SEP 15 2004

PTO/SB/01 (03-07)

Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number VAC.715

First Named Inventor BOYNTON, Thomas

**COMPLETE IF KNOWN**

Application Number /

Filing Date Herewith

Group Art Unit n/a

Examiner Name n/a

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACUUM ASSISTED TISSUE TREATMENT SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
	USA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0082


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Nadeem G. Bridi, C/o Kinetic Concepts, Inc.			
Address P.O. Box 659508			
City San Antonio	State TX	ZIP 78265-9508	
Country USA	Telephone 210-255-4543	Fax 210-255-4440	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Thomas A.		Family Name or Surname Boynton	
Inventor's Signature <i>Thomas A. Boynton</i>		Date 1 August 2001	
Residence: City Floresville	State TX	Country USA	Citizenship US
Mailing Address 205 County Road 403			
City Floresville	State TX	ZIP 78114	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Teryl Blane		Family Name or Surname Sanders	
Inventor's Signature <i>TERYL BLANE SANDERS</i>		Date 7-27-01	
Residence: City San Antonio	State TX	Country USA	Citizenship US
Mailing Address 702 Stoneway			
City San Antonio	State TX	ZIP 78258	Country
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

[Page 2 of 2]

Please type a plus sign (+) inside this box 

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. CMB 0851-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION**

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Keith Patrick		Heaton	
Inventor's Signature <i>K.P. Heaton</i>		Date <i>23<sup>rd</sup> August 2001</i>	
Residence: City Poole	State Dorset	Country Great Britain	Citizenship United Kingdom
Mailing Address 24 Mansfield Road, Parkstone			
Mailing Address			
City Poole	State Dorset	ZIP BH14 ODG	Country Great Britain
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kenneth William		Hunt	
Inventor's Signature <i>W. Hunt</i>		Date <i>24<sup>th</sup> August 2001</i>	
Residence: City Merley, Wimborne	State Dorset	Country Great Britain	Citizenship United Kingdom
Mailing Address 18 Egdon Drive, Merley			
Mailing Address			
City Wimborne	State Dorset	ZIP BH21 1TY	Country Great Britain
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark Stephen James		Beard	
Inventor's Signature <i>M.S. Beard</i>		Date <i>28<sup>th</sup> August 2001</i>	
Residence: City Wimborne	State Dorset	Country Great Britain	Citizenship United Kingdom
Mailing Address 4 Monks Close, West Moors			
Mailing Address			
City Wimborne	State Dorset	ZIP BH22 OHE	Country Great Britain

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



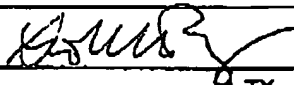
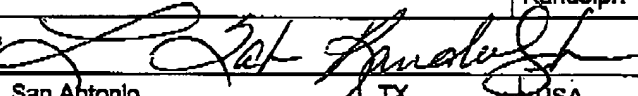
PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David M.		Turney	
Inventor's Signature 		Date 8/13/01	
San Antonio	TX	USA	USA
Residence: City	State	Country	Citizenship
Mailing Address 5018 New Castle Lane			
Mailing Address			
City San Antonio	State TX	ZIP 78248	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
L. Tab		Randolph	
Inventor's Signature 		Date 8/13/01	
San Antonio	TX	USA	USA
Residence: City	State	Country	Citizenship
Mailing Address 27917 Bonn Mountain			
Mailing Address			
City San Antonio	State TX	ZIP 78260	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.